

be reissued.

11.a. Physical Therapy

Provided only for inpatient and outpatient hospital.

11.b. Occupational Therapy

Provided only for inpatient and outpatient hospital.

11.c. Speech Therapy, Audiology Services and Hearing Aids

A. Speech Therapy

Not provided.

B. Audiology Services

Audiology services means hearing evaluation and basic audio assessment provided by a licensed Audiologist, upon physician's referral, to individuals with hearing disorders.

1. Provider Eligibility Requirements

Any Audiologist licensed to practice Audiology

on Guam, who accepts Medicaid policies, regulations, and procedures and signs a provider agreement, is eligible to participate in the program.

## 2. Benefit Limitations

### Covered Services.

- a. Diagnostic audiological evaluation.
- b. Hearing evaluation and hearing aid.

All evaluations must be referred by otolaryngologists. Written physician's order including diagnosis must be current and available upon request by Medicaid.

## C. Hearing Aids

A hearing aid is an electroacoustic system scientifically designed to be head or body worn by an individual and consisting of a microphone, amplifier and ear phone as basic components with each component adapted to the need of the individual.

1. Provider Eligibility Requirement

Reimbursement for hearing aids shall be made only to providers who hold a currently valid license and has signed an agreement with the Guam Medicaid Program.

2. Benefit Limitations

- a. Purchase of hearing aids will be allowed only on recommendation of a licensed Audiologist following a hearing aid evaluation which has been physician-referred.
- b. Prior authorization is required for purchase of hearing aids. When billing Medicaid, a copy of the prior authorization must be attached to the claim.
- c. Before authorization will be issued by Medicaid, a copy of a referral by a physician and an evaluation report by an audiologist should be first submitted to Medicaid.

- d. No replacement will be made for hearing aids less than three (3) years old.

12. Prescribed drugs, dentures, and prosthetic devices; and eyeglasses prescribed by a physician skilled in diseases of the eye or by an optometrist.

12.a. Prescribed Drugs

A. Provider Eligibility Requirements

Pharmacies licensed to operate on Guam may be eligible to participate in the Guam Medicaid Program provided they abide by all policies and procedures, have a licensed pharmacist on board, and have signed an agreement with the Medicaid Program.

B. Benefit Limitations

1. Covered Services

- a. Drugs which are included in the Medicaid Drug Formulary or are prior authorized by Medicaid. The prescription must be dispensed by a licensed pharmacist.

b. Contraceptive or prescriptions for family planning purposes.

c. Prenatal vitamin/mineral supplements.

2. Not Covered Services

a. Experimental Drugs.

b. Vitamins, vitamin/minerals.

c. Obesity control pharmaceutical.

d. Food supplements, milk modifiers, infant formula and therapeutic diets.

e. Over-the-counter drugs except for drugs included in the Medicaid Drug Formulary for special reasons.

12.b. Dentures

Provided only when part of a post-trauma treatment.

12.c. Prosthetic Devices

Provided only for cardiac artificial valve, pace makers,  
and intra ocular lens for cataract clients.

12.d. Eyeglasses

Eyeglasses are lenses and/or frames prescribed by a  
physician skilled in the treatment of diseases of the eye  
(ophthalmologist) or by an optometrist; whichever the  
patient may select, to improve vision.

A. Benefit Limitations

1. Covered Services

- a. Eyeglasses limited to one pair every two  
(2) years.
- b. Repair or replacement of broken  
eyeglasses limited to once every two (2)  
years.
- c. Prior authorization is required for both  
purchase and repair. When billing  
Medicaid, a copy of the prior  
authorization must be attached to the  
claim.

2. Not Covered Services

- a. Eyeglasses with correction of below plus or minus (+ or -) .50 diopters or 10 cylinder axis.
- b. Contact lenses.
- c. Sunglasses

13. Other Diagnostic, Screening, Preventive, and Rehabilitative Services

Not provided.

14. Services for Ages 65 or older for Mental Diseases

Not provided.

15. Intermediate Care Facility

Not provided.

16. Inpatient Psychiatric Facility Services

Not provided.

17. Nurse-Midwife Services

Not provided.

18. Hospice Care

Not provided.

19. Case Management Services

Not provided.

20.a. Pregnancy-Related and Postpartum Services

Pregnant women, who were eligible for, applied for, and received medical assistance under the approved Guam Medicaid State Plan, will be provided all pregnancy-related and postpartum services until the end of the 60-day period beginning on the last date of their pregnancy.

20.b. Services that may complicate Pregnancy

Pregnant women services, including prenatal, delivery, and postpartum services, and any other medical conditions that may complicate the pregnancy, are provided.



21. Ambulatory Prenatal Care

Not provided.

22. Respiratory Care Services

Not provided.

23. Any other medical care and any other type of remedial care recognized under State Law, specified by the Secretary.

23.a. Transportation

A. Transportation expenses includes:

Transportation expenses and other related travel expenses determined to be necessary by the Medicaid Agency to secure medical treatment for a recipient. Round trip air transportation (economy fare) is provided for Medicaid clients, who are referred for off-island medical treatment, an authorized medical escort, if the client is a minor (17 years old or below) or when the client needs assistance due to visual, orthopedic or mental impairments.

Transportation is furnished by travel vendors who are

authorized by the Medicaid Program for reimbursement of travel costs.

B. Benefit Limitations

1. Transportation covers:

a. The cost of transportation for the above travelers by air-economy fare.

b. Ambulance costs.

2. Transportation does not cover:

a. Cost of meals.

b. Cost of transportation and lodging for travelers other than those authorized by the Medicaid Program.

23.b. Services of Christian Science Nurses

Not provided.

23.c. Care and Services for Christian Science